

Name
in
Full

Eva Rebecca Gattorn

CERTIFICATE OF DEATH

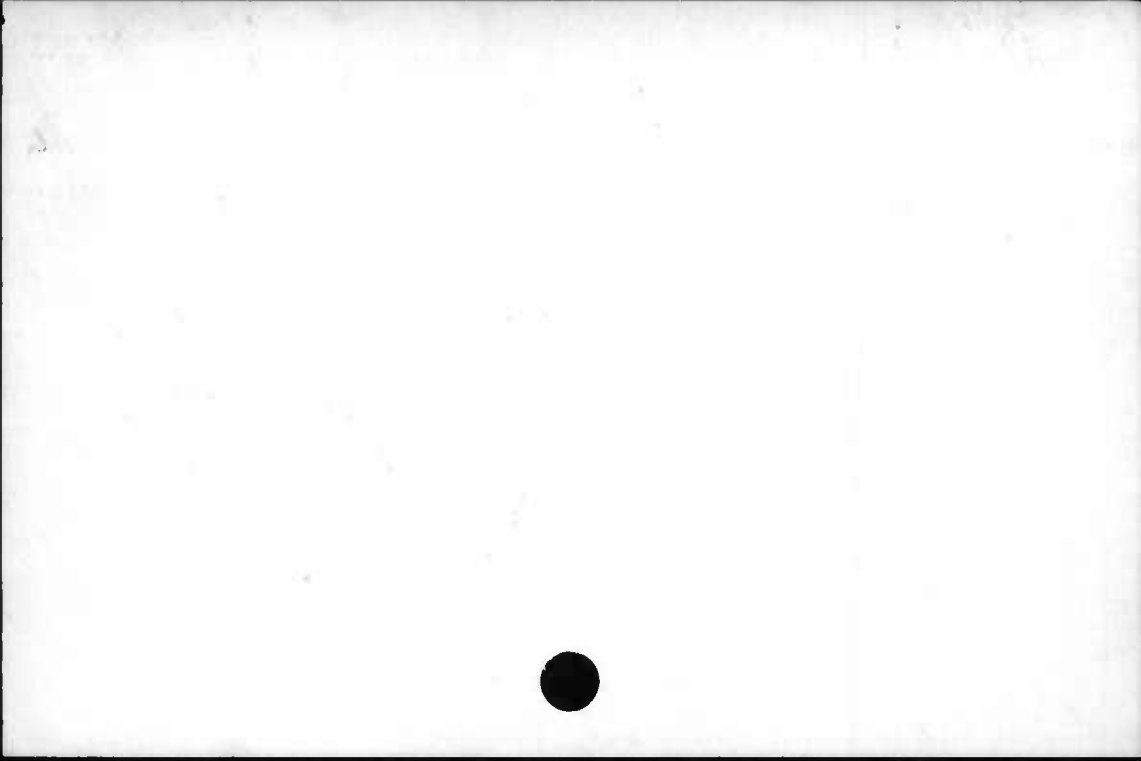
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollywood</i>		Town		County <i>St Marys</i>		MARYLAND	
Date of death 190	<i>5</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>32</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>St Marys</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>W. W. Gattorn</i>				Father's Birthplace <i>St Marys</i>			
Mother's Maiden Name <i>Jennie Gattorn</i>				Mother's Birthplace <i>St Marys</i>			
Name of person giving information <i>Char W. Gattorn</i>				How related to deceased <i>Half brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial</i>	How long <i>3 months</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. P. Greenwell</i>
	Address <i>Leet. Health Officer</i>
Accident or Suicide?	



Name
in
Full

William F Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Morganza		County St. Mary's		MARYLAND	
Date of death		1905	Month Jan.	Day 12	Years 69	Months	Days
Sex		Male		Color or Race Colored		Birth-place Md	
Occupation Farmer				Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband Mary E.					
Father's Name		Henry Hall				Father's Birthplace Md.	
Mother's Maiden Name		Mary Wilson				Mother's Birthplace "	
Name of person giving information		Edwin Hall				How related to deceased Son-	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	8 years.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. B. Johnson -	
		Address	
		Morganza -	
Accident or Suicide?			



Name in Full *Frank J. Jumper*
 Town *Hillsville* County *St. Mary's* MARYLAND
 Died at *Hillsville*
 Date *1903 Jan 2* Month *Jan* Day *2* Age *90* Y. M. D. Native of *Ind.* Occupation *Farmer*
 Male *White* Married *Widow* Divorced *Widower*
 Female *Colored* Single *Number of children living 8*

Husband
of

Wife
Father's
Name

Mother's
Name

Cause of

Primary

Cystitis

How long sick

2 weeks

Death

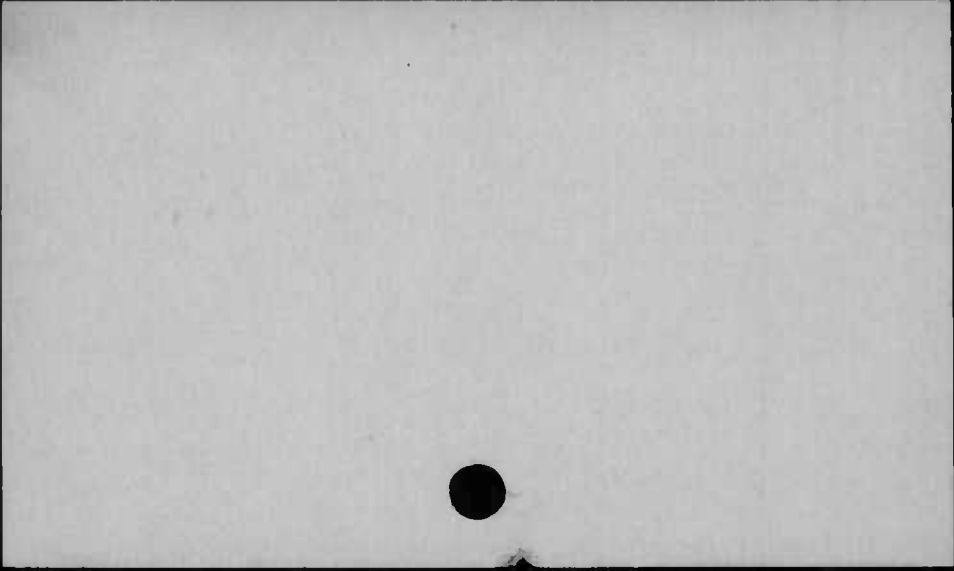
Immediate

Accident, Suicide, Homicide

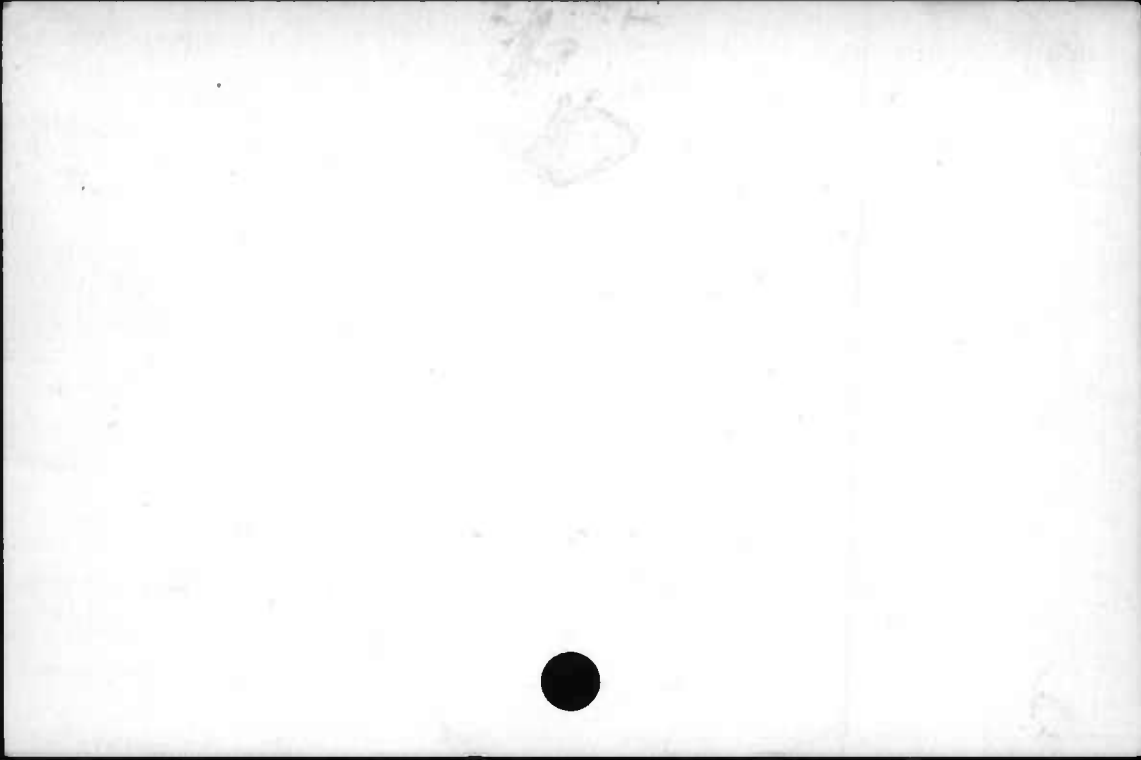
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		William Edward Loy Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died at		St. Mary's			
		Date of death 1905	Month 1	Day 6	Age 24	Months	Days
		Sex male	Color or Race Colored		Birth-place w d		
		Married, Single or Widowed		Occupation Bookbinder			
Name of Wife or Husband		—					
Father's Name		Wiley Loy Jr				Father's Birthplace w d	
Mother's Maiden Name		Martha Miles				Mother's Birthplace w d	
Name of person giving information		Francis Loy Jr				How related to deceased Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Pulmonary Tuberculosis				How long 7 months	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician R. V. Palmer	
		yes.				Address Palmyra w d	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

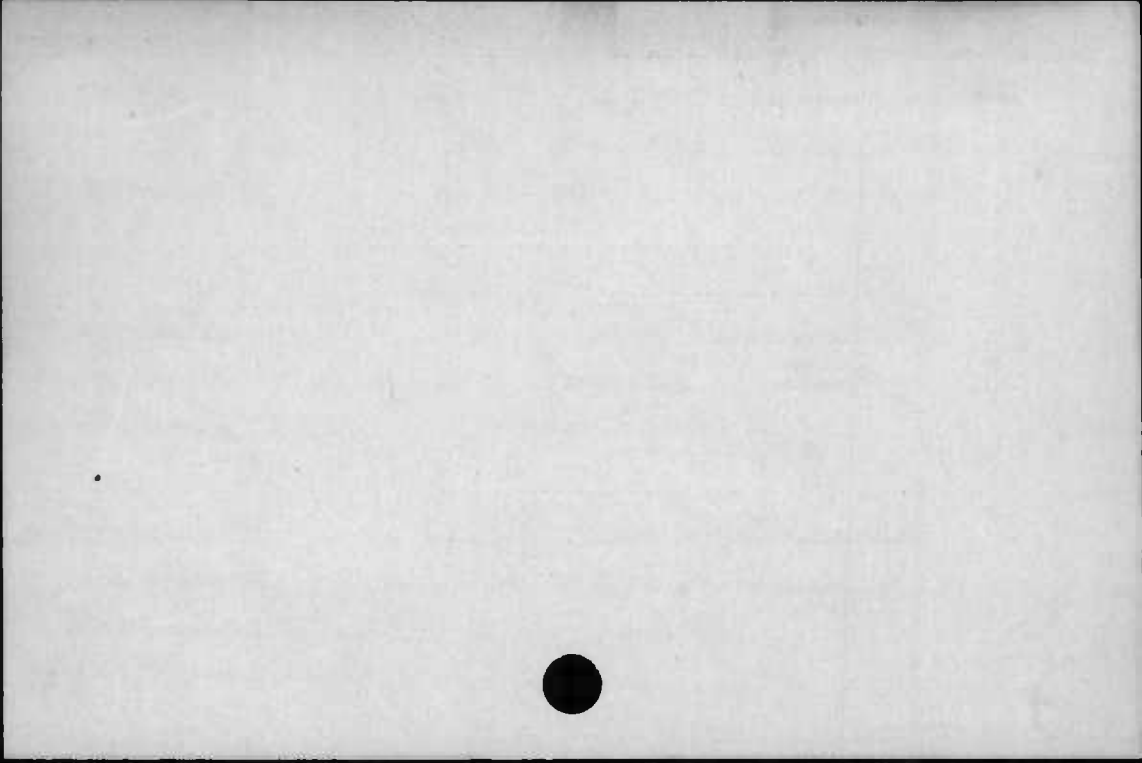
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane E Mattingley</i>		Town <i>Leonardtown</i>		County <i>St Marys</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 Jan 18</i>		<i>96</i>		<i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>St Marys Co</i>			
Occupation <i>retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>William Mattingley</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Richard T Abell</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>Several yrs</i>
Immediate <i>Emphysema</i>	How long <i>Eight days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Greenwell</i>
	Address <i>Leonardtown</i>
Accident or Suicide?	



Name
in
Full

William Vernon Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leonardtown</i>		Town		<i>St Marys</i>		County							
Date of death 190 <i>5</i>		Month <i>Jan</i>		Day <i>24</i>		Age <i>4</i>		Years <i>10</i>		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>St Marys Co</i>									
Married, Single or Widowed <i>—</i>				Occupation									
Name of Wife or Husband													
Father's Name <i>William V. Waters</i>				Father's Birthplace <i>St Marys Co</i>									
Mother's Maiden Name <i>Ruth Combs</i>				Mother's Birthplace <i>St Marys Co</i>									
Name of person giving information <i>W. V. Waters</i>				How related to deceased <i>father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet fever</i>		How long <i>one month</i>	
Immediate <i>Meningitis due to abscess in ethmoid cells</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. J. Greenwell</i>	
		Address <i>Leonardtown Md</i>	
Accident or Suicide?			

